

desquamation. An additional 22% self-reported this at one-month follow up. Risk factors for moist desquamation included increased breast size and body mass index. The barrier cream significantly reduced the incidence of moist desquamation in patients receiving radiation to the chest wall but not in patients receiving radiation to the breast treatment area. **Conclusion:** The incidence of moist desquamation following radiation treatment has important implications for radiation oncology nurses' clinical practice. These findings highlight the need for structured discharge planning and education incorporating identified risk factors. Patients undergoing radiation treatment to the chest wall may benefit from using a barrier cream.

### Pain is What the Patient Says It Is, But...: An Ethnographic Study of the Factors Which Influence Nurses When They Make Pain Management Decisions in a Clinical Setting

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**Background / Aims:** Barriers to effective postoperative pain management mean patients suffer needless pain. Few studies have observed nurses as they manage postoperative pain in a clinical setting; those who used observation have demonstrated the importance of context to pain management practice. **Methods:** This ethnographic study aimed to examine what factors influenced nurses when they made pain management decisions. One hundred and fifty seven hours of observation, semistructured interviews with thirty-six staff, field-notes, and document analysis were used to investigate the culture of pain management in one postoperative ward. **Results:** Analysis identified three themes with sub-themes. First, the revealing of a pain management culture, and a new finding of a silence of routine pain management communication. Second, nurses' decision-making responses to pain management opportunities including a new finding of a single pain management action. Finally, the nurses' expectations of patient behaviours, including how patients should look, what they should say and know, and nurses' responses to patients who do not conform to expectations. **Conclusion:** The findings suggest culturally mediated pain management behaviours, linked to a ward culture where pain was not a priority. Using Social Identity Theory these behaviours are presented as in-group pain management social norms; part of the culture of how pain management is done around here. These pain management in-group behaviours are submitted as the critical factors influencing nurses pain management decision-making in a clinical setting. These behaviours are not targeted through traditional education and their explication may indicate pain management education should be directed more towards cultural change.

## POSTER ABSTRACTS

### Nursing Research Symposium

Monday, 14 October, 2013

12:30-4.30 pm (lunch from 12 pm)

Robert Douglas Auditorium, The Townsville Hospital

### Women's treatment decision-making and psychological distress related to early breast cancer

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**Background / Aims:** Shared-decision making for medical treatment of cancer is now an accepted practice in western countries. Women following a diagnosis of early breast cancer often require decision support and usually experience severe psychological distress. If this psychological distress remains undetected and untreated in these women it may develop into more serious affective disorders such as anxiety and depression. **Methods:** This prospective cross-sectional study investigated Queensland women's (N=132, M=58 years) treatment decision-making and psychological distress related to early breast cancer. Women were surveyed following diagnosis, with the Decision Treatment Process questionnaire and the Brief Symptom Inventory-18 (BSI-18). The Decision Treatment Process questionnaire consisted of 23 items and the BSI-18 instrument included 18 items, which both were scored on a 5-point Likert scale. The data were analysed using descriptive and inferential statistics. **Results:** Most women (94.7%) rated to follow the doctor's advice as important when making treatment decisions. The majority (87.8%) of women indicated information and 98% control as other important factors in the treatment decision-making process. Over a third (28.8%) of women were identified as positives cases for Anxiety and 23.5% for Depression. Women who were positive cases for Anxiety were more likely to be younger ( $p=0.006$ ). Also, younger women ( $p=0.04$ ) and those who lived alone ( $p=0.04$ ) were more likely to have higher Depression scores. **Conclusion:** Women after diagnosis often require decision support when choosing early breast cancer treatment. Screening for psychological distress is required so these women can be supported and referred for specialist assessment and treatment if needed.

## MEDICAL RESEARCH SYMPOSIUM PROGRAM

Tuesday, 15 October, 2013 12:30-4.30 pm (lunch from 12 pm)

Robert Douglas Auditorium, The Townsville Hospital

TIME	TOPIC	SPEAKERS
12:00	LUNCH	
12:30	Introduction and Overview	Associate Professor Lynden Roberts
12:35	Rural Doctor Training In Emergent Care: What They Want and What They Need	Dr Carl O'Kane
12:40	Audit of Unplanned Admissions after Elective Day Case Surgery	Dr Alistair Hustig